# VI. Financial Support for Trauma System Development

## 6.1 The Trauma Care Trust Fund

The Trauma Care Trust Fund shall serve as the financial support mechanism for development of the Mississippi Inclusive Trauma Care System. The Department shall contract with designated Trauma Care Regions for trauma systems development. Contracts with each designated Trauma Care Region are limited to the financial support for: (1) the administration of designated Trauma Care Regions and (2) reimbursement of documented uncompensated trauma care (hospital and trauma surgeon) as defined by the Department.

## 6.2 Financial Support for Regional Administration

In accordance with the recommendations of the Mississippi Trauma Care Task Force, the Department shall contract for the administration of designated Trauma Care Regions for $85,000.00 per year.

The use of these funds shall be determined by the designated Trauma Care Region and approved by the Department in writing. Examples of areas of financial support suggested by the Trauma Care Task Force include, but are not limited to, regional medical director, regional clerical support, telephone, regional trauma advisory committee, hospital trauma registry staff, and trauma registry computer hardware.

## 6.3 Financial Support for Uncompensated Trauma Care

Uncompensated Trauma Care reimbursement shall be provided for designated Level I, II, and III Trauma Centers and eligible physicians in contracts developed by the Department and initiated between the Department and the Trauma Care Regions. Uncompensated trauma care reimbursement will be provided only to designated Level I, II, and III Trauma Centers. Designated Level IV Trauma Centers shall not receive reimbursement for uncompensated care, however, will receive $10,000 annually for administrative support for participation in the Mississippi Trauma Care System. The amount funded shall be paid at least annually to each Trauma Care Region for annual redistribution to Trauma Centers and participating eligible physicians. The total reimbursement amount each year will be dependent upon the following:

(1) authorization annually by the Mississippi State Legislature;
(2) the amount available in the Trauma Care Trust Fund;
(3) the number of active and designated Trauma Care Regions;
(4) the number of designated hospitals and eligible physicians within each designated Trauma Care Region; and,
(5) appropriate annual documentation of uncompensated trauma care rendered by designated hospitals and eligible physicians in accordance

with the requirements of the Department.

6.4 Uncompensated Trauma Care Distribution Process

A. Funds are distributed from the Trauma Care Trust Fund (TCTF). This fund is created from two (2) funding sources, as follows: (1) ~~a five dollar ($5.00) assessment on all moving traffic violations as statutorily created at §41-59-75, Mississippi Code of 1972, Annotated~~ an assessment on all moving traffic violations as noted in §41-59-75, Mississippi Code of 1972, Annotated; and (2) funds appropriated by the state legislature from the state's Health Care Expendable Fund. Both of these funds comprise the TCTF.

B. Uncompensated care is care for which the provider has been unable to collect payment because of the patient's inability to pay. A claim is considered to be uncompensated if, after the provider's due diligence to collect monies due, total payment from all sources (including third-party payors) of five percent (5%) or less has been made on the total trauma-related gross charges. Any payment received from Medicaid shall preclude reimbursement from the TCTF, whether the five percent (5%) payment threshold has been met or not.

C. Only patients that meet trauma registry inclusion criteria are eligible for uncompensated care reimbursement. The inclusion criteria are:

All state designated patients must have a primary diagnosis of ICD-9 diagnosis code 800-959.9;

Only burn patients with an ICD-9 Code of 940-949 qualify for inclusion into the trauma registry. Qualifying burn patients must also meet one of the following criteria.

Plus any one of the following:

- Transferred between acute care facilities (in or out)

  Any patient that has sustained an injury (ICD-9: 800.0 - 959.9) and is referred from a trauma center or transferred to a trauma center qualifies for inclusion into the trauma registry.

- Admitted to critical care unit (no minimum days).
  Any injury that a patient has sustained in which the patient is admitted to a critical care unit qualifies for inclusion into the trauma registry.

- Hospitalization for three or more calendar days.

Any trauma patient hospitalized for three or more calendar days due to injuries sustained qualifies for inclusion into the trauma registry.

- Died after receiving any evaluation or treatment.

  All deaths due to an injury that receive an evaluation or treatment in the Emergency Department qualifies for inclusion into the trauma registry.

- Admitted directly from Emergency Department to Operating Room for major procedure, excluding plastics or orthopedics procedures on patients that do not meet the three day hospitalization criteria.

  Any trauma patient that is admitted directly from the Emergency Department to the Operating Room for a major procedure qualifies for inclusion into the trauma registry. Plastics and/or orthopedic procedures that do not meet one of the other criteria for inclusion into trauma registry are EXCLUDED and do not quality for inclusion into the trauma registry.

- Triaged (per regional trauma protocols) to a trauma hospital by pre-hospital care regardless of severity.

  Any trauma patient that is triaged to a trauma center by pre-hospital care providers, per regional trauma protocols, qualifies for inclusion into the trauma registry. Documentation verifying that this criteria was used must be present in the patient's hospital chart to qualify for inclusion.

- Treated in the Emergency Department by the trauma team regardless of severity of injury.

  Any trauma patient that arrives at a trauma center and is treated by a trauma team as delineated by hospital policy qualifies for inclusion into the trauma registry. Documentation verifying a trauma team activation and response must be present in the patient's hospital chart to qualify for inclusion.

The following primary ICD-9 diagnosis codes are excluded and should NOT be included in the trauma registry:

- ICD9Code 905-909 (Late effects of injuries)

Late Effects of Injuries, Poisonings, Toxic Effects, and Other External Causes.

- ICD9Code 930-939 (Foreign bodies)

  Effects of Foreign Body Entering Through an Orifice.

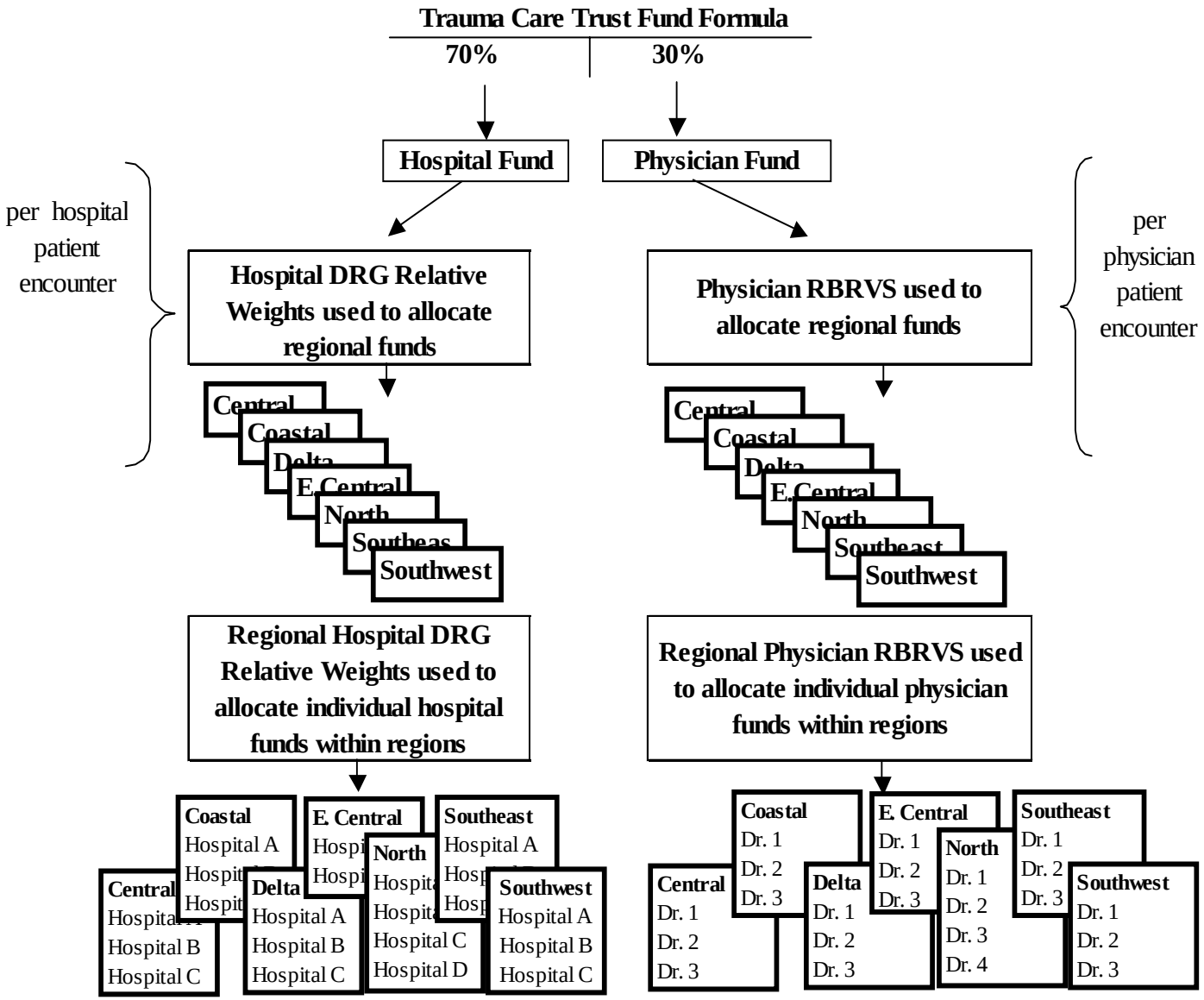
- Extremities and/or hip fractures from same height fall in patients over the age of 65.

(4) Available funds from the TCTF are allocated based on 70% to designated hospitals and 30% to eligible physicians, according to the following (also see Exhibit 6.4 (a) on next page):

- Hospital funds are allocated to designated hospitals based on the hospital's Diagnosis Related Groups (DRG) Relative Weights for those cases submitted for reimbursement.
- Physician funds are allocated to participating physicians based on the physician's Resource-Based Relative Value System (RBRVS) for those cases submitted for reimbursement.

(5) Funds that are allocated to participating hospitals and eligible physicians are disbursed through each of the designated Trauma Care Regions annually.

(6) Funds for the administration and development of the state's trauma care system will be budgeted from available funds from the TCTF. Examples of administrative and development costs are, but are not limited to, salaries and fringe benefit costs for personnel (full-time and part-time equivalents) who expend a portion of their time in trauma care administration and/or development, travel and training costs for such personnel, use of trauma care physicians and/or other trauma professionals used in the development and/or maintenance of the trauma care system, development and/or maintenance of accounting and auditing of the use and distribution of the TCTF, administrative costs for designated trauma care regions, and the costs associated with the development and/or implementation of the state's trauma care system (i.e., telecommunication systems, data storage and/or retrieval systems, public relations costs, advertising, equipment, etc.)


Trauma Care Trust Fund Formula
70%
30%
Hospital Fund
Physician Fund
per hospital patient encounter
per physician patient encounter
Hospital DRG Relative Weights used to allocate regional funds
Physician RBRVS used to allocate regional funds
Central
Coastal
Delta
E. Central
North
Southeast
Southwest
Regional Hospital DRG Relative Weights used to allocate individual hospital funds within regions
Regional Physician RBRVS used to allocate individual physician funds within regions
Coastal
Hospital A
Hospital B
Hospital C
E. Central
North
Hospital C
Hospital D
Southeast
Hospital A
Hospital B
Hospital C
Central
Hospital B
Hospital C
Delta
Hospital A
Hospital B
Hospital C
Southwest
Hospital A
Hospital B
Hospital C
Coastal
Dr. 1
Dr. 2
Dr. 3
E. Central
Dr. 1
Dr. 2
Dr. 3
Southeast
Dr. 1
Dr. 2
Dr. 3
North
Dr. 1
Dr. 2
Dr. 3
Dr. 4
Central
Dr. 1
Dr. 2
Dr. 3
Delta
Dr. 1
Dr. 2
Dr. 3
Southwest
Dr. 1
Dr. 2
Dr. 3